

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/568806**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
7		1		1			
8		1		1			
9		1		1			
10		9		1			
11		9		1			
12		9		1			
13		9		1			
14		9		1			
15	1		1				
16		1		1			
17		1		1			
18		1		1			
19		1		1			
20		1		1			
21		1		1			
22		1		1			
23		1		1			
24	2		1				
25		7		1			
26		7		1			
27	1		1				
28	1		1				
29	1		1				
30	1		1				
31	1		1				
32	1		1				
33	1		1				
34	1		1				
35	1		1				
36	1		1				
37	1		1				
38	1		1				
39	1		1				
40	1		1				
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2	↓	3	↓	0	↓	
TOTAL DEP.	91	←	37	←	0	←	
TOTAL CLAIMS	93		40		0		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	0	↓	0	↓	0	↓	
TOTAL DEP.	0	←	0	←	0	←	
TOTAL CLAIMS	0		0		0		